



Indiana Department of Revenue
Beer Wholesaler's Excise Tax Report

Form 810
(Formerly Schedule D)
State Form 46998
(R/ 7-02)

Reporting Month _____ **Year** _____

| | | |
|------------------------------------|--------------|----------------------------|
| Name (As Appears on Permit) | | Federal I.D. Number |
| Mailing Address | | |
| City | State | Zip Code |
| State Beer Permit Number | | |

► **The report is due on or before the 20th day of the month following the month being reported.** ◀

GALLONS

1. Total Gallons Received per Schedule B-1
2. Deduct total Gallons per Schedule B-2
3. Deduct total Gallons per Schedule B-3
4. Total Deductions (Line 2 + Line 3)
5. **Gallons Subject to Tax** (Line 1 minus Line 4).....

| | |
|----|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |

TAX

6. Multiply Line 5 by Tax Rate of .115
7. Discount (Line 6 x .015) if timely filed
8. Amount Due (Line 6 Minus Line 7)
9. Adjustments Auth. @ Department of Revenue (Money Only)
10. If return is filed after due date, Add 10% of Line 8 (x.10) or \$5.00 whichever is greater.
(Penalty is \$5.00 if return is filed late without tax due)
11. If return is filed late add interest
12. Total Amount Due (Line 8 + or - Line 9 + Line 10 + Line 11) Enclose your payment
for this amount

Discount (Line 7) does not apply unless the report and payment is timely filed.

I hereby certify, under penalty of perjury, that the information contained herein, and on supporting documents is to the best of my knowledge true and correct.



Signature of Agent or Officer

Title

Date

Telephone Number

Mail To: Indiana Department of Revenue, P.O. Box 6114, Indianapolis, IN 46206-6114